

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney/Dealer No	GB 010034 (7790/245)
Application Number	10/084,709
Filing Date	FEBRUARY 25, 2002
First Named Inventor	KEVIN R. BOYLE
Group Art Unit	2821
Examiner	CLINGER, JAMES C

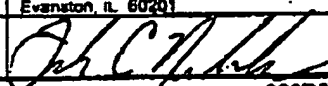
ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Three-Months Petition for Extension of Time Request (duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, an <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Patent Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Brief (dup) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.138(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.
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CALCULATION OF FEE

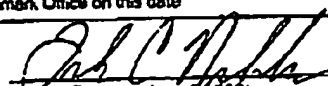
				Small Entity		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Rate	Adm Fee	or	Rate
Total		Minus		= \$9=	0		= \$18=
Indep		Minus		= \$43	0		= \$96
Fast Presentation of Multiple Dep. Claim				= \$142	—		= \$290=
				total adm fee	\$ 0		total adm fee
							\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	January 7, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9319 to the United States Patent and Trademark Office on this date January 7, 2004

Signature		Date	01/30/2004, 05:00:01 January 7, 2004
Frank C. Nicholas (33,983)		00000007 501713 10084709	